USAID|Central America Capacity Project

Strenghtening the quality of care and improving the quality of life
of people living with HIV and other vulnerable populations

Cooperative Agreement No. AID-596-A-00-09-00106-00

Annual Report Project Year IV
(October 2012 to September 2013)

Guatemala, October 15, 2013

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ACRONYMS/ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ANOVA	Analysis of variance
AOTR	Agreement Officer's Technical Representative
ART	Antiretroviral treatment
ASOVIHSIDA	Asociación Costarricense of Personas Viviendo con VIH-SIDA
BFLA	Belize Family Life Association
CBO	Community-based Organization
CDC	Control Disease Center
CENDEIS	Centro of Desarrollo Estratégico e Información en Salud and Seguridad Social
CoC	Continuum of Care
CODESIDA	Coordinadora Departamental de la Lucha contra el SIDA
COMUREVIH-D	Comisión Multisectorial of Respuesta al VIH en Desamparados
CRSSI	Costa Rican Social Security Institute
CUM	Centro Universitario Metropolitano
FBO	Faith-based Organization
GD	General Director
GGP	Genesis Group of Panama
GO	Governmental Organization
HIV	Human immunodeficiency virus
HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resources for Health Information System
ID	Identification Document
IEPROES	Instituto Especializado of Educación Superior of Profesionales de Salud de El Salvador
iHRIS	Human Resources Information Software System
IT	Information technology
LFP	Learning for Performance
MARPS	Most at risk populations
MOE	Ministry of Education
MOH	Ministry of Health
NAC	National AIDS Commission (Belize)
NAP	National AIDS Program
NC	North Carolina
NDACC	National Drug Abuse Control Council
NGO	Non-governmental Organizations
NIT	Taxation ID Number
OPQ	Optimizing Performance for Quality
PASMO	Pan American Social Marketing Organization

PEPFAR	President's Emergency Plan for AIDS Relief
PI	Performance Improvement
PLH	People Living with HIV
PMP	Performance Monitoring Plan
PROBIDSIDA	Fundación Pro-Bienestar and Dignidad of las Personas Afectadas por el VIH/Sida
REDCA+	Regional Network of PLH+
SAT	National Taxation Authority
SIGSA	Guatemala Health Management Information System
SM&E	Supervision, Monitoring and Evaluation
SMS	Short messaging service
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
URC	University Research Corp., LLC
USAID	United States Agency for International Development
VCT	Voluntary Counseling Test
VPN	Virtual Private Network
WHO/PAHO	World Health Organization/Pan American Health Organization

EXECUTIVE SUMMARY

Implementation continued in Project Year IV (October 2012 – September 2013) in accordance with the work and monitoring and evaluation plans. The country technical teams accompanied the Ministries of Health (MOH) and Social Security Institute (SSI) counterparts as well as other governmental and non-governmental organizations and civil society groups to provide continuity of the key project strategies for strengthening the health services, universities and community networks: Optimizing Performance for Quality (OPQ); Learning for Performance (LFP); and the Continuum of Care (CoC) for HIV.

USAID/Guatemala modified the cooperative agreement, as per the USAID notification to IntraHealth dated February 13, 2013. The expressed intention was to reduce the ending date of the agreement from "September 29, 2014" to "September 29, 2013"; decrease the total Estimated Amount and make various changes to the Schedule Section, and to modify the Program Description. The Modification (No. 8), including a $1,090,469 TEC decrease, was concluded on July 7, 2013,

In relation to OPQ, the project measured 41 health facilities, 89% of the annual target. In all of the countries there was an improvement in the average overall result in comparison to the previous measurement. Costa Rica had the highest average overall performance score (92%) followed by: Panama (84%), Belize (77%), and Guatemala (70%). The average overall performance score continued its growth trend as compared to the previous measurement in all five project countries In general, the performance improvements were due to the gap-closing by the management and hospital multi-disciplinary teams through: trainings; relocation of resources; acquisition of supplies and equipment; and in certain cases, changes in infrastructure with guidance from project technical assistance.

The Project strengthened the functioning of five CoC multi-sector networks, one in each country. During the past year, the five networks consolidated and strengthened their organizations through working together to achieve their common objectives in responding to HIV. At this moment all participating CoC networks are in the OPQ performance gap-closing implementation phase and all of them have completed a second performance measurement. Activities completed include: the development of a strategic plan; dissemination and use of standardized protocols; treatment guides and information materials; and the definition and development of instruments for a referral/counter-referral system to ensure continuity of care and services for people living with HIV.

In-service trainings are focused on closing gaps in knowledge; skills; and/or attitudes in specific thematic areas identified by the performance measurements of the health facilities. Trainings are designed not only to improve knowledge, but also to focus on the application of the acquired knowledge as a learned skill. The project reached 103% (65/63) of ToT and 112% (622/554) of its annual target for competency-based in service training for health workers. Furthermore, twelve (240% of the annual target) higher education institutions implemented the updated curriculum with themes in HIV for their teaching program

The USAID|Central America Capacity Project has signed a Memorandum of Understanding (MOU) with the Ministry of Health in Guatemala to implement a human resources information system using the IntraHealth developed iHRIS software platform. There are currently more than 42,000 employee records entered into the system and 597 MOH employees from all 22 departments have been trained in its use and are cleaning the data to prepare an updated health worker census. A special iHRIS contracts module has been developed for the MOH.

During the past year, the Project adapted and validated the generic OPQ manual in Belize, Costa Rica, Guatemala and Panama with the medical and administrative hospital staff that apply OPQ and personnel of the country MOH/SSI, achieving 100% of the closeout target agreed upon with USAID. Costa Rica, El Salvador, Guatemala and Panama area all taking concrete steps to formally adopt the methodology.

IntraHealth developed a guide to integrate a gender and human rights focus into the USAID|Capacity Project in Central America. The guide is intended as a reference for: the Project's technical team; hospitals; health centers; universities; and networks within the region on how to integrate and uphold a gender and human rights focus and standards within their institutions, curricula and projects.

During Year IV, the project executed US$1,396,687 (US$1,089,091 in Direct Costs and US$307,597 Indirect Costs). Since this was the last project year, no provisional expenditures pending liquidation remained.

Modification 8, dated July 7, 2013 reduced funding to this project by US$1,090,469 (from US$7,000,000 to US$5,909,531) and obligated US$78,003 to match the new total funding, and shortened the project completion date to September 29, 2013.

I. REGIONAL RESULTS

The Project contributed to the following five results during the past year (October 2012 – September 2013) in the Project countries of Belize, Costa Rica, El Salvador, Guatemala and Panama.

- Result 1: Performance Improvement (PI) and Continuum of Care (CoC).
- Result 2: In-service training for human resources for health (HRH) and training for participants in the networks (governmental NGOs and Civil Society)
- Result 3: Strengthening of pre-service training for treatment providers, with updated information on HIV/AIDS and increase access to early diagnosis through voluntary counseling and testing.
- Result 4: Development and use of information technologies for distance learning and a training database.
- Result 5: Systematization and institutionalization of PI.

The project implemented activities according to the work plan during the first three quarters of Year IV. However, on July 7, 2013 USAID/Guatemala concluded the anticipated modification for a TEC decrease to end CAMCAP on September 29, 2013 (one year early) and the final quarter focused on administrative, financial and technical closeout processes as well as some activities to comply with the Year IV closeout targets.

1. Optimizing Performance for Quality –OPQ– and the Continuum of Care – CoC –

Improve HIV/AIDS provider performance and integrate treatment with community-based support ensuring complementarities and prevention promotion.

➢ 1.A OPTIMIZING PERFORMANCE FOR QUALITY –OPQ –

Detailed results are presented in the Performance Management Plan (PMP), Annex 2. Table A1.1 shows the hospitals applying OPQ by country and project year and when they initiated the activity. The project is currently supporting 57 facilities, four more than the original target. The distribution of participating health facilities by country is: Belize - 7; Costa Rica - 9; El Salvador - 12; Guatemala - 15; and 14 in Panama.

Table A1.1 Health facilities implementing OPQ by country and year of initiation as of September 2012

USAID| Capacity Central America Project Year	Belize	Costa Rica	El Salvador	Guatemala	Panama
37 participating, facilities in year I (Oct 2009- Sep 2010)	1. Karl Heussner Memorial 2. Orange Walk 3. Cleopatra White 4. Corozal 5. Policlínica Family Life Association	1. Hospital San Rafael of Alajuela 2. Hospital Nacional of las Mujeres 3. Hospital México 4. Dr. Max Peralta of Cartago	1. San Juan of Dios Santa Ana. 2. Dr. Jorge Mazzini. Villacorta Sonsonate. 3. Saldaña 4. San Rafael the Libertad. 5. Santa Gertrudis San Vicente. 6. San Juan of Dios San Miguel. 7. La Unión.	1. Coatepeque 2. Huehuetenango 3. Quetzaltenango 4. San Benito Petén 5. Amistad Japón 6. Infantil-Elisa Martínez 7. Cobán 8. Antigua Guatemala 9. Cuilapa 10. Escuintla 11. San Vicente 12. Zacapa	1. Metropolitano Dr. Arnulfo Arias Madrid 2. Del Niño 3. Manuel Amador Guerrero 4. Aquilino Tejeira 5. Nicolás A. Solano 6. Santo Tomás 7. José Domingo Obaldía 8. Regional Rafael Hernández
20 new participating facilities in year II (Oct 2010 -Sep 2011)	6. Dangriga 7. Punta Gorda	5. Hospital San Carlos 6. Hospital Nacional of Niños Dr. Carlos Sáenz Herrera 7. Dr. Tony Facio of Limón 8. Hospital Monseñor Sanabria of Puntarenas 9. Hospital Dr. Escalante Pradilla of Pérez Zeledón	8. Ahuachapán 9. Morazán 10. De Niños Benjamín Bloom 11. Rosales 12. Chalatenango	13. Suchitepéquez 14. Retalhuleu	9. Pediátrico del Seguro Social 10. Marvel Iglesias of Aligandi, Guna Yala 11. of the Santos 12. de Bocas del Toro 13. Veraguas 14. Herrera
1 additional participating facility year III (Oct 2011 - Sep 2012)				15. Malacatán	
57 Health Facilities Total	**7**	**9**	**12**	**15**	**14**

Source: M&E Unit, USAID|Central America Capacity Project

During Project Year IV (October 2012 to September 2013) the project provided technical assistance (TA) to the Ministries of Health and the Costa Rican Social Security Institute (SSI) to empower the central and local levels to implement OPQ to identify and close performance gaps through: targeted trainings; conferences; lectures; and the donation of medical equipment. Follow up visits were conducted quarterly in accompaniment of central level technical staff to monitor implementation of the facilities' gap-closing plans to close the gaps identified in the OQ performance measurements.

From October through June the project conducted 41 of a target of 46 (89%) health facilities performance measurements. In agreement with USAID, the initial target was reduced from 54 to 46 facilities to allow for early closeout. El Salvador did not reach the new target due to some programmatic challenges in applying OPQ to the health services. These services will be covered under the CAMPLUS project next year.

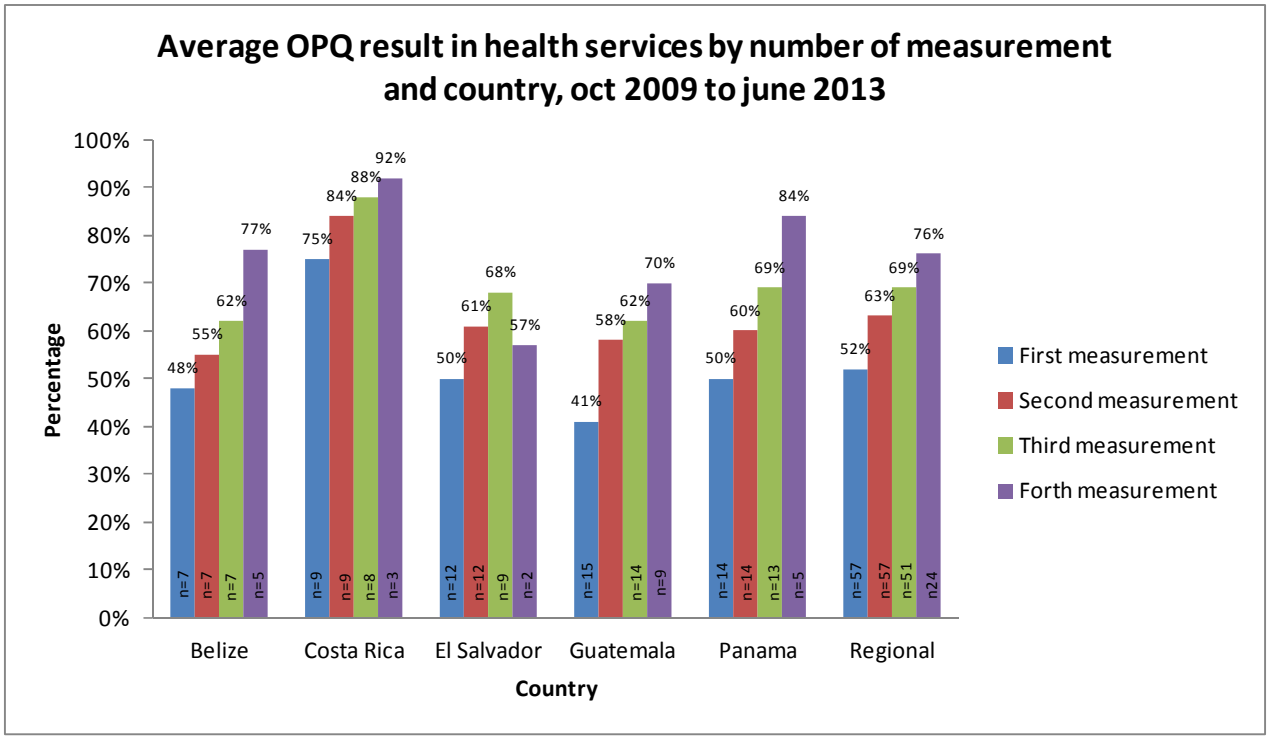
Table A1.2 Optimizing Performance for Quality in Health Services that Provide Comprehensive Care for HIV (18 technical areas) Achievements with respect to quarterly and annual goals, September 2013

#	INDICATOR	Project Year Target		% of Target
		Target	Actual	
Result 1: Performance Improvement (PI) and Continuum of Care (CoC).				
1.1.	**Optimizing Performance for Quality in Health Services that Provide Comprehensive Care for HIV (18 technical areas)**			
1.1.1.	**% of health services that have completed a performance measurement in the reporting period**	**81% (46 of 57)**	**72% (41 of 57)**	**89% (41 of 46)**
	# of health services which have completed a performance measurement in the reporting period	**46**	**41**	**89%**
	Belize	6	7	117%
	Costa Rica	8	8	100%
	El Salvador	12	4	33%
	Guatemala	11	12	109%
	Panamá	9	10	111%

Source: M&E Unit, USAID|Central America Capacity Project

Graph 1.1 shows the average results for the 1st, 2nd, 3rd and 4th performance measurements. In all of the countries there was an improvement in the average overall result in comparison to the previous measurement. Costa Rica had the highest average overall performance score (92%) followed by: Panama (84%), Belize (77%), and Guatemala (70%). However, if we compare performance based on the average increase between the baseline and the last measurement, Panama had the highest gain between its baseline and last measurement scores with a 34% increase. Following were Belize and Guatemala with 29 point gains, Costa Rica with 17 and El Salvador with 7 percentage points.

Graph A1.1 Average results of health facilities' performance measurements by country, September 2013



Source: M&E Unit, USAID|Central America Capacity Project

This performance improvements can be attributed to the commitment and effort of the local multidisciplinary OPQ teams and involved gap-closing by the management and hospital multi-disciplinary teams through: trainings; relocation of resources; acquisition of supplies and equipment; and in certain cases, changes in infrastructure with guidance from project technical assistance.

All of the hospitals that underwent performance measurements developed a gap-closing intervention plan. Analysis of the causes of the performance gaps is what leads to identification of relevant actions to resolve them. These actions become the basis for the one-year intervention plan. Compliance with the intervention plan leads to improvement in the next performance measurement score which is the objective measurement of optimizing performance and quality of the facility's services during the year (Table A1.3).

Table A1.3 Optimizing Performance and Quality of the health services providing comprehensive care for HIV (18 technical areas.) Achievements relative to final targets, October 2012 - September 2013

#	INDICATOR	Project Year Target		% of Target
		Target	Actual	
1.1.2.	% of health services that have an OPQ gap-closing plan in accordance with their last measurement	81% (46 of 57)	72% (41 of 57)	89% (41 of 46)
	# of health services that have an OPQ gap-closing plan in accordance with the last measurement	46	41	89%
	Belize	6	7	117%
	Costa Rica	8	8	100%
	El Salvador	12	4	33%
	Guatemala	11	12	109%
	Panamá	9	10	111%

Source: M&E Unit, USAID|Central America Capacity Project

Follow Up Visits

The hospital multidisciplinary teams developed gap-closing plans with feasible activities according to their available resources. The plan is monitored for its compliance on a quarterly basis in coordination with the MOH/SSI. Upon verifying activities that have been completed and gaps closed, the teams analyze other gaps and define new interventions with the hospital multi-disciplinary teams. In this manner, the plan becomes a dynamic tool with the actions of the hospital teams achieving performance improvements as reflected in the increases in the average global performance score for each country (Graph 1.1).

From October 2012 through July 2013, 21% (5/24) of facilities with follow up visits conducted between the first and second quarters after the measurement achieved the target of 40% of gap-closing intervention plan activities implemented. However, 61% (28/46) of the facilities visited between the second and third quarters after the measurement achieved the target of a 60% implementation of activities in the intervention plan; and 50% (15/30) with a visit in the third quarter after the last measurement and before the next measurement implemented the target of 80% of the activities in their plan (Table A1.4).

Table A1.4 Compliance with execution of activities in the gap-closing plan by follow up visit depending upon time lapse since the measurement, October 2012 - September 2013

Country	Time Lapse Between Visits					
	Between first and second quarter after a measurement		Between second and third quarter after a measurement		Between third quarter after a measurement and before the following measurement	
	#	% of compliance with 40% of activities	#	% of compliance with 60% of activities	#	% of compliance with 80% of activities
Belize	2	0% (0 of 2)	3	67% (2 of 3)	8	38% (3 of 8)
Costa Rica	2	0% (0 of 2)	8	13% (1 of 8)	8	88% (7 of 8)
El Salvador	12	0% (0 of 12)	12	42% (5 of 12)	0	NA
Guatemala	5	100% (5 de 5)	15	87% (13 of 15)	5	40% (2 of 5)
Panama	3	0% (0 of 3)	8	88% (7 of 8)	9	33% (3 of 9)
Totals	**24**	**21% (5 of 24)**	**46**	**61% (28 of 46)**	**30**	**50% (15 of 30)**

Source: M&E Unit, USAID|Central America Capacity Project

Compliance with intervention plans depends on upon the degree of difficulty of the activities in the plans with the more factors and resources required (budget, level of effort, etc.) the lower the resultant percentage of achievement. The high level of rotation of the health workers, also affects achievement of the target due to the loss of trained personnel committed to and responsible for closing gaps. In spite of these obstacles to complying with the intervention plan gap-closing activities, 50% of facilities visited in the third quarter had achieved the target of 80% implementation.

Furthermore, 66% of the hospitals measured improved their global rating over that of the previous score, 94% of the target for the period (Table A1.5). These gains in hospital performance ratings were due to the efforts of hospital staffs in maintaining standards and closing gaps between measurements.

Table A1.5 Optimizing Performance for Quality in Health Services that Provide Comprehensive Care for HIV (18 technical areas) Achievements regarding to quarterly and annual goals, October 2012 - July 2013

#	INDICATOR	Project Year Target		% of Target
		Target	Actual	
1.1.4	**% of health services that improved their global rating with regards to their last performance improvement measurement** - *If the health service achieved between 85-100% in its last measurement, it is categorized as GREEN and it must maintain a rating above 85% in the following measurement.* - *If the health service achieved between 60-84% in its last measurement, it is categorized as YELLOW and it must increase its rating by at least 10% in the following measurement or move to the GREEN category.* - *If the health service achieved between 0-59% in its last measurement, it is categorized as RED and it must increase its rating by at least 20% in the following measurement or move to the YELLOW category.*	**50% (23 of 46)**	**66% (27 of 41)**	**94%**

Source: M&E Unit, USAID|Central America Capacity Project

From October 2012 through July 2013, 41 hospitals conducted their annual measurement of which 25 (61%) were a fourth measurement, 15 a third measurement and one was a second measurement. Seventeen (41%) met the requirements of indicator 1.15 for desired level of performance according to order of measurement (Table A1.6), 82% of the target of 50% for this period.

Table A1.6 Optimizing Performance for Quality in Health Services that Provide Comprehensive Care for HIV (18 technical areas) Achievements regarding to quarterly and annual goals, October 2012 - July 2013

#	INDICATOR	Project Year Target			% of Target
		Target	Actual		
1.1.5.	% of health services with expected improvement to their last performance improvement measurement Expected Improvement: 55% in second measurement, 70% in third measurement, and 85% in fourth measurement.	50% (23 of 46)	41% (17 of 41)		82%

Source: M&E Unit, USAID|Central America Capacity Project

➢ 1.B Continuum of Care (CoC)

At the community level, the five multi-sector networks (one per country) received project TA for the implementation of the phases of the Continuum of Care (CoC) for HIV strategy. At this moment all participating CoC networks are in the OPQ implementation phase (Table 1.7). The networks implement activities to sustain a continuum of care for HIV to provide quality comprehensive care and prevention for people living with HIV and key populations at higher risk. The following tables and graphs show achievements to date with an accompanying discussion of the results.

The implementation of the Continuum of Care for HIV multi-sector network strategy has involved a large effort of negotiation and discussion due to the challenge of coordinating and bringing together different sectors into a shared vision and approach. This process has been complicated by the fact that each participating entity has its own agenda and objectives which often impedes its uninterrupted participation in the network. Nevertheless, the local organizations have displayed an interest in participating in the networks as a comprehensive solution to the HIV problem.

Project-supported networks are: Corozal in Belize, Desamparados in Costa Rica, La Unión in El Salvador, CODESIDA in Escuintla, Guatemala and Colón in Panama (Table B1.1). The network development follows the phases represented in Table 1.6 culminating in the implementation of an intervention plan to close performance gaps to improve the quality of services and make them more accessible to the target populations with an emphasis on adherence to treatment

and prevention with positives (PwP). During the past year, the five networks consolidated and strengthened their organizations through working together to achieve their common objectives in responding to the HIV situation in their community achieving 100% of the project target (Table B1.1).

Table B1.1 Progress in implementing the CoC for HIV strategy by country, September 2013

Country	Network Area	FIRST PHASE		SECOND PHASE		THIRD PHASE			
		Presentation Negotiation	Diagnostic	Results	Network Integration	Base-line	Results	Intervention Plan	Follow Up Visit
Belize	Corozal	X	X	X	X	X	X	X	X
Costa Rica	Desamparados	X	X	X	X	X	X	X	X
El Salvador	La Unión	X	X	X	X	X	X	X	X
Guatemala	Escuintla	X	X	X	X	X	X	X	X
Panama	Colón	X	X	X	X	X	X	X	X

Source: M&E Unit, USAID|Central America Capacity Project

A key element of the work with the CoC networks is follow up to their gap-closing intervention plans through meetings, gap-closing activities, trainings, and measurements. Likewise, all networks completed their second performance measurement and intervention plan (Table B1.2).

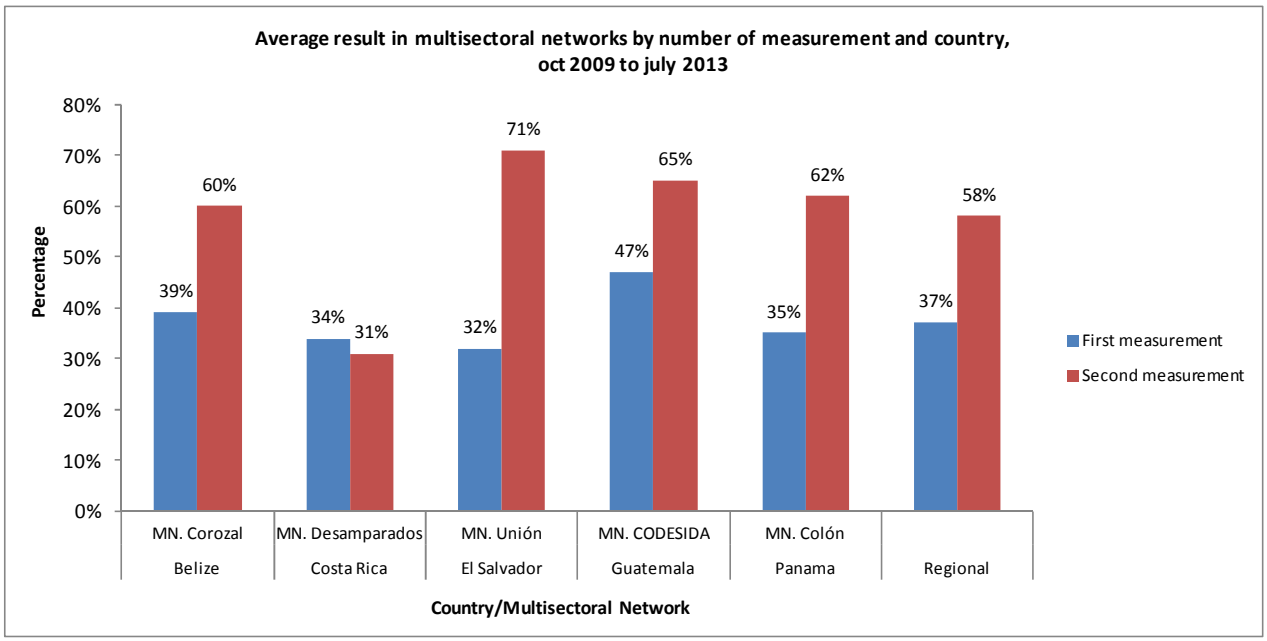
Table B1.2 Progress in implementing the CoC for HIV strategy by country, from October 2012 to September 2013

Area	Presentation Negotiation	Base line measurement	Intervention plan	Follow up visit	Second measurement	Intervention plan	Follow up visit
Belize							
Corozal	x	39%	x	x	60%	x	x
Costa Rica							
Desamparados	x	34%	x	x	31%	x	x
El Salvador							
La Unión	x	32%	x	x	71%	x	x
Guatemala							
CODESIDA	x	47%	x	x	65%	x	x
Panama							
Colón	x	35%	x	x	62%	x	x

Source: SM&E USAID|Proyecto Capacity Centro América

The following graph shows the average overall performance score for each network's first and second performance measurement as well as the regional travel. With the exception of Costa Rica, the networks made notable improvements between the first and second measurements with the regional average overall performance score increasing by 21 points. The highest improvement was in El Salvador (39 points) followed by Panama (27 points), Belize (21 points), and Guatemala (18) points while the network in Costa Rica declined by 3 points due to a modification of the measurement instrument.

Graph B1.3 Average result in multi-sector networks by number of measurements and country, Oct. 2009 – July2013



Source: M&E Unit, USAID|Central America Capacity Project

Furthermore, 80% (4 of 5) networks achieved their target global performance rating score according to the measurement round, 133% of the target for the reporting period (Table B1.4). Activities contributing to improvement in performance scores included: updating trainings in HIV; standardization of guidelines and care and treatment manuals; strategic and operational plans; and design and use of educational materials.

Table B1.4 CoC networks achieving the desired global performance rating score, October 2012 to September2013

		Project Year Target			
#	**INDICATOR**	**Target**	**Actual**		**% of Target**
1.2.6.	**% of networks that improved their global rating with regards to their last performance improvement measurement.** - *If the health service achieved between 85-100% in its last measurement, it is categorized as GREEN and it must maintain a rating above 85% in the following measurement.* - *If the health service achieved between 60-84% in its last measurement, it is categorized as YELLOW and it must increase its rating by at least 10% in the following measurement or move to the GREEN category.* *If the health service achieved between 0-59% in its last measurement, it is categorized as RED and it must increase its rating by at least 20% in the following measurement or move to the YELLOW category.*	**60% (3 of 5)**	**80% (4 of 5)**		**133% (4 of 3)**
1.2.7.	**% of networks with expected improvement** *Expected Improvement:* *55% in second measurement*	**60%**	**80%**		**133% (4 of 3)**

Source: M&E Unit, USAID|Central America Capacity Project

2 IN-SERVICE TRAINING

Provide in-service training and updates to HIV/AIDS care providers from the public, private, and NGO sectors. For example: diploma and other short courses on specific themes related to comprehensive care and treatment of HIV/AIDSA. Support the updating, development and reproduction of materials and/or scholarships for participation in courses at private institutions. At a minimum, topics to be covered include: ART; HIV-TB co-infection; bio-safety; performance improvement; and stigma and discrimination.

In applying Learning for Performance (LFP), in-service training focuses on core competencies essential to improved health worker work performance and on effective learning methods, and that address factors in the learning and working environments in order to guarantee the application of new skills on the job. Table 2.1 presents achievements during the past quarter and project year.

Our target for the number of health service providers trained as trainers in the use and management of the LFP methodology this fiscal year was achieved in the previous quarter. All countries have trained health workers in this methodology. These people now apply the methodology in their own training interventions to increase knowledge, skills and abilities and to improve the competencies of health personnel for the closing of gaps identified during the OPQ assessments in health facilities. (See Table 2.1)

Table 2.1 In-service training in LFP, Achievements made against Year 4 annual target

#	INDICATOR	Fiscal Year Target		% of Target
		Target	Actual	
2.1.	**In-service trainings**			
2.1.1.	**# health service providers trained as trainers in Learning for Performance**	**63**	**65**	**103%**
	Belize	6	8	133%
	Costa Rica	13	13	100%
	El Salvador	7	7	100%
	Guatemala	25	25	100%
	Panama	12	12	100%

Source: M&E Unit, USAID| Central America Capacity Project

During the first quarter of this fiscal year, the Project facilitated the transfer of the LFP methodology to 32 people through two-day workshops in El Salvador, Costa Rica and Panama. During the second quarter, IntraHealth held the same methodology transfer workshops in Belize and Guatemala, training 33 people. Participants at the workshops in all countries included medical staff and other health care providers, members of multi-sector networks, central level authorities, and the Ministries of Health.

Workshop participants were people who are responsible for training in their respective hospitals on the issues of stigma and discrimination, biosafety, and counseling and testing.

Table 2.2 Personnel trained in competencies disaggregated by country, profession and gender (LFP Methodology) October 2012 to September 2013

	FYIV Targets				Doctors				Nurses				Other				Total			
Country	Doctors	Nurses	Other	Total	Female	Male	Total Doctors	Achieved	Female	Male	Total Nurses	Achieved	Female	Male	Total Other	Achieved	Female	Male	Grand Total	% Achieved
Belize	0	36	36	72	2	3	5	**100%**	49	4	53	**147%**	29	5	34	**94%**	80	12	92	**128%**
Costa Rica	8	122	13	143	10	5	15	**188%**	74	21	95	**78%**	23	19	42	**323%**	107	45	152	**106%**
El Salvador	0	65	60	125	12	12	24	**100%**	30	2	32	**49%**	49	29	78	**130%**	91	43	134	**107%**
Guatemala	0	120	17	137	2	1	3	**100%**	91	28	119	**99%**	12	15	27	**159%**	105	44	149	**109%**
Panamá	0	65	12	77	11	7	18	**100%**	48	2	50	**77%**	24	3	27	**225%**	83	12	95	**123%**
Total	8	408	138	554	37	28	65	**813%**	292	57	349	**86%**	137	71	208	**151%**	466	156	622	**112%**

Source: M&E Unit USAID| Central America Capacity Project

IntraHealth trained 813% of expected medical personnel (65 of 8), 86% of nursing staff (349 of 408), and 151% of expected health facility administration, cleaning and laundry (208 of 138). (See Table 2.2) Train the target number of nursing staff continues to be a challenge due to rotating shifts and the difficulty of convening a group of people for two entire days.

This year IntraHealth conducted 32 gap-closing workshops in all five countries, training 622 participants. Workshop topics, by country included:

- **Belize**: five workshops on stigma and discrimination and biosafety
- **Costa Rica**: two workshops on stigma and discrimination, one workshop on HIV counseling and testing, and three workshops on biosafety

- **El Salvador**: four workshops on stigma and discrimination and three on biosafety
- **Guatemala**: eight workshops on stigma and discrimination and three on biosafety
- **Panama**: three workshops on counseling and HIV testing, and two on stigma and discrimination.

Table 2.3. Percentage of in-service training participants who achieved the minimum required competencies, Oct. 2012 – Jun. 2013

#	INDICATOR	Fiscal Year Target		% of Target
		Target	Actual	
2.1.3.	% of trainees who achieved the minimum required competencies	70%	99% (622 of 627)	141% (99% of 70%)

Source: M&E Unit USAID| Central America Capacity Project

Between October 2012 and June 2013, 627 health workers in service entered IntraHealth-facilitated training, of which 622 completed the minimum 16 hours of training, received a post-test score above 80%, and tested with at least 80% of skills acquired by the end of the training process.

3. PRE-SERVICE TRAINING

Strengthen pre-service training of care providers with updated HIV/AIDS content and increase access to early diagnosis with a VCT strategy. The Project will support updating and incorporating appropriate modules and materials related to comprehensive HIV/AIDS care into the training programs of the medical and other health/social service providers. Topics to be covered at a minimum include: antiretroviral therapy, TB-HIV co-infection, bio-safety, performance improvement, and stigma and discrimination.

During the past year the Project continued strengthening updated training programs in HIV for higher learning institutions. These activities focused on:

- Training university faculty in LFP
- Updating HIV curricula

➢ UPDATING CURRICULA IN INSTITUTIONS OF HIGHER LEARNING

During the past quarter the Project provided TA for proposals to update HIV-related curricula in the region presenting eight proposals in professional nursing schools: six in Costa Rica and one each in El Salvador and Panama (Table 3.1). In Costa Rica the original plan was for only one nurses training institution; however, the National Nursing Council (CONE) embarked on a standardization process in six higher learning institutions and which is how the Project reached 267% of the target (Table 3.1).

Table 3.1 Number of technical proposals for curriculum update to include themes related to HIV September 2013

		Project Year Target			
#	INDICATOR	Target	Actual		% of Target
3.1	**Updating curriculum at selected higher education institutions**				
3.1.1.	# of technical proposals for curriculum update to include themes related to HIV	3	8		267%

Source: M&E Unit, USAID|Central America Capacity Project

In El Salvador, IEPROES (Instituto Especializado de Educación Superior de Profesionales de la Salud de El Salvador), together with the nursing school developed a curriculum with updated information on HIV. The faculty trained in LFP participated in the situational diagnosis in relation to the HIV curricula. The next step will be the implementation of a pilot for faculty and students to validate the proposed curricular contents.

The curricular proposal for the Latin University of Panama Nursing School has been completed and accepted and includes: Voluntary Counseling and Testing; Stigma and Discrimination; and bio-safety. A new curricular proposal for 2013 for Rafael Landivar Medical School was not concluded.

The curricula already under way are:

Belize is the only country with a specific course on HIV, *Health Education: HIV and other STIs*. It is offered to all students and has a three credit value.

In **Costa Rica** HIV curricular contents are provided in the 3rd year of the nurses' professional training program specializing in adolescence and the fifth year of the Nursing Management program. Through the intervention of CONE, the curricula will be standardized in 7 professional schools.

The Matías Delgado (UJMD) University of **El Salvador** is implementing the curriculum in the second and fourth years of the medical training and as in-service post-graduate updating, particularly for residents at the San Rafael Hospital. Currently 225 pre-graduates and 46 medical residents are benefitting from the training.

In **Guatemala** there was a formal presentation of the training guidelines at the National Nursing School (ENEG) and the Human Resources Department of the MOH is promoting the expansion of the curriculum to other nursing schools to have standardization on the curriculum developed for ENEG.

In **Panama** the University of Panama Nursing School has the HIV curricular guides for use in the first and fourth years of the professional training and the specialty in psychiatric nursing.

The project exceeded the year's target of institutions implementing the HIV curriculum by 140% (12/5) due to the incorporation of six more Costa Rican nursing schools in June. The project achieved 60% (42/70) of the faculty member training target largely because the training could not be done in Guatemala due to pending formal approval of the curriculum that was presented (Table 3.2).

Table 3.2 Number of higher education institutions that implemented the updated curriculum with themes in HIV for their teaching program, September 2013

		Project Year Target			
#	INDICATOR	Target	Actual		% of Target
3.1.3.	# of higher education institutions that implemented the updated curriculum with themes in HIV for their teaching program.	**5**	**12**		**240%**
3.1.4	# university teachers who successfully completed the training program in the use of the new curriculum	**70**	**42**		**60%**
	Belize	**0**	**0**		**NA**
	Costa Rica	**25**	**17**		**68%**
	El Salvador	**20**	**25**		**125%**
	Guatemala	**25**	**0**		**0%**
	Panama	**0**	**0**		**NA**

Source: M&E Unit, USAID|Central America Capacity Project

4. INFORMATION TECHNOLOGY

Development/use of information technology for distance training, care and treatment conferences, information dissemination, and a training information system.

➢ HUMAN RESOURCE INFORMATION SYSTEM (HRIS)

During the past year the project continued TA to the MOH/Guatemala and SSI/Costa Rica to develop a human resources information system (HRIS). In Costa Rica the project designed and validated the module for cleaning the System for Registering and Printing Certificates –SIRC- of Center of Strategic Development and Health Information) CENDEISS together with the responsible institutional functionaries. Seven employees of CENDEISS were trained in the use and management of the module (Table 4.1).

In Guatemala, the project followed up on coordination meetings of the Human Resources Commission with participation of the MOH, PAHO and the project to make concrete plans for the implementation of the iHRIS platform that would permit: the planning and carrying out of trainings in the implementation and use of iHRIS: development of a module for contracts; and the realignment of the physical space occupied by the Human Resources Planning personnel.

Table 4.1 Number of RHIS developed and with trained personnel in the use and management of the system, de October 2012 - July 2013

		End of Project (EOP)			
#	**INDICATOR**	**Target**	**Actual**		**% of Target**
4.2.	**Systematizing and updating the human resources training databases in MOH and Social security**				
4.2.1	**# of information systems for trained HR that are developed or contextualized**	**1**	**1**		**100%**
4.2.3.	**# countries with at least two central level personnel using the info System for training HR**	**2**	**100% (2 of 2)**		**100%**

Source: M&E Unit, USAID|Central America Capacity Project

There were two types of personnel training in the use and management of the system: its use at the departmental level; and the management and cleaning of the system's data entered at the departmental level, but with reports generated and consolidated at the central level. From April to June 597 health workers from all 22 departments together with personnel from the central level were trained in the use and management of the iHRIS system (Table 4.2).

These actions were intended to feed the system that is the data source to elaborate the initial reports specified by the MOH central level so they counted with updated information to conduct a MOH health worker census, a datum that was not reliably available. Currently there are trained personnel in all 22 departments of Guatemala managing the system with more than 42,300 health worker records entered into the data base (Table 4.1).

Table 4.2 Number and percentage of health workers trained in use and management of iHRIS System by department, Guatemala September 2013

Department	# of heath workers trained	% of heath workers trained
Guatemala	97	16
Quetzaltenango	47	8
Jutiapa	46	8
Totonicapán	44	7
Izabal	31	5
San Marcos	29	5
Alta Verapaz	28	5
Quiché	28	5
Escuintla	27	5
Baja Verapaz	25	4
Chiquimula	23	4
Chimaltenango	22	4
Petén Sur Oriente	20	3
Jalapa	18	3
Suchipéquez	17	3
Petén Norte	16	3
Petén Sur Occidente	15	3
Sololá	14	2
El Progreso	14	2
Sacatepéquez	13	2
Santa Rosa	8	1
Zacapa	8	1
Retalhuleu	7	1
Total	**597**	**100**

Source: SM&E USAID|Proyecto Capacity Centroamérica

5. SYSTEMATIZATION AND INSTITUTIONALIZATION

During the fourth quarter of the past year the project systematized the OPQ methodology in 10 Guatemalan hospitals including a recompilation of implementation experiences highlighting best practices and lessons learned. The document will serve as a model for systematizing OPQ in the health services in Belize, Costa Rica, El Salvador and Panama (Table 5.1)

Table. 5.1 Systematization and institutionalization of OPQ and the quality of the health services that provide comprehensive care for HIV, Results for Annual Targets, July 2013

		Project Year Target			
#	INDICATOR	Target	Actual		% of Target
5.1.	Institutionalization of the OPQ methodology				
5.1.1.	# of health service who have systematized OPQ strategy	10	10		100%
5.1.1.1.	# of OPQ Champion workshops to share experiences and lessons learned by the multidisciplinary teams in implementing OPQ with governmental and non governmental institutions	5	4		80%

Source: M&E Unit, USAID|Central America Capacity Project

The systematization and institutionalization of OPQ was strengthened through forums and "Champions" meetings where the quality teams shared and documented successful experiences. In May a Champions meeting was held in Belize under the leadership of the Ministry of Health with participation of five of the seven national hospitals implementing OPQ, as well as health authorities from the regional and central levels.

The workshop in Belize achieved 50% of the target for the quarter and a cumulative 80% (4/5) for the project year. The Champions meetings in El Salvador, Guatemala and Panama were described in previous quarterly reports (Table 5.1).

Participants in the meetings share achievements and challenges thereby constructing lessons learned to strengthen the implementation of OPQ. The quality teams updated their knowledge of the methodology for a more comprehensive approach that will bring more clarity for prioritizing actions and implementing intervention plans.

The participation of regional managers was key to achieving a coming together with the central level authorities. The head of the Planning and Policy Analysis Unit of the MOH expressed interest in applying the methodology at the national level and committed to follow up to get ministerial approval.

The new SSI authorities in Costa Rica requested a Memorandum of Understanding (MOU) with IntraHealth to formalize the alliance to approve the Annual Operations Plan in spite of the pre-existing PEPFAR Cooperation Framework. The MOU had to be reviewed and revised by the SSI

legal department. The Champions meeting in Costa Rica could not be held due to the delay in the signing of the MOU with CENDRIS.

During this period the project sponsored eight inter-hospital site visit exchanges to identify and implement successful OPQ experiences. The exchange visits included: three health facilities in Belize, four in Guatemala and one in Panama achieving 80% of the quarterly and annual targets Table 5.2).

Table 5.2 Systematization and institutionalization of OPQ and the quality of the health services that provide comprehensive care for HIV, Results for Quarterly and Annual Targets, October 2012 – September 2013

		Project Year Target			
#	INDICATOR	Target	Actual		% of Target
5.1.1.2.	# of health centers with cross visits for experience exchanges	10	8		80%
5.1.1.3.	# of countries that have contextualized the OPQ manual	4	4		100% (4 of 4)
5.1.1.4.	# of countries that have validated the OPQ manual	4	4		100% (4 of 4)
5.1.1.5.	# of countries that have disseminated the OPQ manual	3	1		33% (1 of 3)

Source: M&E Unit, USAID|Central America Capacity Project

During this fourth quarter of Project Year IV the project adapted and validated the generic OPQ manual in Belize, Costa Rica, Guatemala and Panama with the medical and administrative hospital staff that apply OPQ and personnel of the country MOH/SSI, achieving 100% of the closeout target agreed upon with USAID. Only in Panama was the project able to disseminate the manual.

➢ Progress in the integration of a gender perspective and human rights within the Project

IntraHealth has created a guide to integrate a gender and human rights focus into the USAID|Capacity Project in Central America. The guide is intended as a reference for Capacity Central America's technical team, hospitals, health centers, universities, and networks within the region on how to integrate and uphold a gender and human rights focus and standards within their institutions, curricula and projects. The guide is being developed based on Capacity's Continuum of Care (CoC) strategy, and integrates the focus within the strategy's components: Promotion & Prevention; Counseling and Testing; Treatment; Clinical Care; and Support

Services. This process has developed into a larger effort to fill the gaps regarding knowledge, practice and accessibility of service users, health workers, and the networks we work with in regards to gender, human rights, stigma and discrimination, privilege and oppression, and the core groups of key populations exposed to HIV infection.

II. ADMINISTRATIVE REPORT

➢ REGISTRATION

IntraHealth International, Inc. is registered in Belize, Costa Rica and Guatemala. Registration in El Salvador is still in process. A delay in the planned timeline occurred due to the change in Country Representative who was the proposed legal representative. A new legal representative needs to be proposed and the procedure needs to be re-initiated.

Registration in Panama will not be pursued. Current plans include hiring a human resources outsource service to handle the staff payroll.

➢ EMPLOYEE AND CONSULTANT CONTRACTS

Due to resignations and terminations, it was necessary to conduct several hiring processes.

Continuous effort was paid to strengthen the technical and administrative staff to achieve better results in implementing the project. This effort included hiring a Financial and Administrative Director whose duties included the human resources management. The finance and administration/human resources unit is now comprised of highly committed and qualified staff that conducts their duties in a highly standardized manner.

From July 1, 2013 on and due to closing of the CAMCAP Project all staff were transferred to CAMPLUS. Only six staff members remained in CAMCAP during the July to September 2013 quarter, under a limited level of effort scheme. All consultants' contracts were amended closing CAMCAP activities. Thus, the Project organizational structure is as follows:

Both Costa Rica and Belize have a staff of three people each, one Country Representative, one Field Coordinator and one Administrative Assistant.

In Guatemala, 17 staff members comprise the Regional Office staff, which includes the Technical Team and the Finance and Administration/Human Resources Team.

Staff in El Salvador and Panama are still working as consultants (due to the lack of registration, which prevents hiring staff). Each country has three consultants: one Country Representative, one Field Coordinator and one Administrative Assistant.

➢ RELEVANT ACTIVITIES

The project held two regional meetings, one in January 2013 and one in June 2013. IntraHealth headquarters staff attended both meetings. The country offices staff (country representatives and field coordinators) attended the January 2013 meeting to assess achievements and challenges. The aim was to review work plans and discuss challenges faced and how to prevent risks.

Country representatives attended the June 2013 meeting to discuss final actions (in light of the Project TEC Decrease) and to prepare raw information for the final report. Attendants to both meetings received refreshment training on administrative and financial issues.

Financial staff traveled to Belize and Costa Rica during the last quarter. IntraHealth is registered in these two countries and the purpose was evaluating the tax position, accounting procedures and legal issues to assess potential impact, if any, on the project. No relevant issues affecting the project arose from these field visits.

Two staff members (the F&A + HR Director and the Human Resources Coordinator) attended a finance and human resources summit sponsored by IntraHealth in Ethiopia to share experiences with IntraHealth staff from other countries and to learn new financial management and human resources methodologies to better promote accountability at all levels.

➢ COST – SHARE

To date, the CAMCAP project has collected USD 1,092,689 in cost-share, which equals 123% of the EOP target of 886,430 set in Modification 8 to the Cooperative Agreement. This achievement evidences the commitment and success that each Country Representative had in collecting cost-share. This amount comes from efforts to implement the OPQ strategy through the Ministry of Health (MOH), partner hospitals and the National AIDS Programs.

III. FINANCIAL REPORT

During Year IV, the project executed US$1,396,687 (US$1,089,091 in Direct Costs and US$307,597 Indirect Costs). Since this was the last project year, no provisional expenditures pending liquidation remained.

Modification 8, dated July 7, 2013 reduced funding to this project by US$1,090,469 (from US$7,000,000 to US$5,909,531) and obligated US$78,003 to match the new total funding, and shortened the project completion date to September 29, 2013.

The chart below shows actual expenditures through August 2013 and an estimate for the September 2013 expenses. IntraHealth does not expect a major variance between the estimated and the actual figures (expected to be available on or around October 20, 2103) because expenses during the last quarter were closely scrutinized to meet the funding available. Based on current estimates the unused funds on this project would be US$2,503. Again, these figures are pending final confirmation upon releasing of the official financial information.

USAID/ CAPACITY PROJECT CENTRAL AMERICA
YEAR IV (OCT-2012 TO SEP-2013 PROJECT BUDGET EXECUTION
CAMCAP

Budget Line Items	TOTAL EXECUTION (Oct-12- Sep 13)	Belize	Costa Rica	El Salvador	Guatemala	Guatemala Regional	Panama	Commitments
Comprehensive Care	805,264	64,943	104,651	98,899	122,929	312,041	101,800	-
Training	283,827	23,279	27,286	-	31,662	201,600	-	
Purchases	-		-	-	-	-	-	
Total Direct Costs	1,089,091	88,222	131,937	98,899	154,591	513,641	101,800	-
Indirect Costs	307,597	24,604	34,800	26,838	39,266	156,030	26,060	-
TOTAL	1,396,687	112,826	166,737	125,737	193,857	669,671	127,860	-